

HISTORY FACILITY PROFILE

STEWARTS CARE AND REHAB.
187 WEST LAGOON STREET
ROOSEVELT UT 84066
STATE'S REGION CODE: 001

PROVIDER #: 465084
PHONE NUMBER: (435) 722-2497
PARTICIPATION DATE: 10/01/1981 CERTIFIED: 59

FACILITY BEDS
TOTAL: 59
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 09/12/2002

TOTAL: 54
MEDICARE: 8
MEDICAID: 39
OTHER: 7

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 59

18 18/19 19 ICF/MR
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8 51

CURRENT SURVEY REVISIT DATES - 11/20/2002

PRIOR 3 SURVEY 08/1999	S/S CODE	PRIOR 2 SURVEY 10/2000	S/S CODE	PRIOR 1 SURVEY 01/2002	S/S CODE	CURRENT SURVEY 09/12/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	D					X C	E	10/12/2002	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
		X	E			X C	C	09/15/2002	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	D			X	E				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	D						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	E				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	E	X C	E	09/12/2002	REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
						X C	B	10/12/2002	REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
						X C	B	09/24/2002	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
									REQ F0494-NURSE AIDE TRAINING/COMPETENCY

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 06/1999	85 EXIST PRIOR 2 SURVEY 07/2000	85 EXIST PRIOR 1 SURVEY 01/2002	85 EXIST CURRENT SURVEY 09/24/2002	PLAN/DATE OF CORRECTION
X	X	X		
	X			
X	X		X C	11/01/2002
		X		
		X	X C	11/01/2002
X				
X		X	X C	11/01/2002

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0038-EXIT ACCESS
K0046-EMERGENCY LIGHTING
K0062-SPRINKLER SYSTEM MAINTENANCE
K0072-FURNISHING AND DECORATIONS
K0076-MEDICAL GAS SYSTEM
K0130-OTHER

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY 06/1999	85 NEW PRIOR 2 SURVEY 07/2000	85 NEW PRIOR 1 SURVEY 01/2002	85 NEW CURRENT SURVEY 09/24/2002	PLAN/DATE OF CORRECTION
		X		
			X C	11/01/2002
			X C	11/01/2002
X				

LSC DEFICIENCIES - BLDG NO. 02

K0018-CORRIDOR DOORS
K0046-EMERGENCY LIGHTING
K0072-FURNISHING AND DECORATIONS
K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	5	2	2	2
HEALTH TOTAL	5	2	2	2
LIFE SAFETY CODE	5	5	3	5
LIFE SAFETY CODE + HEALTH	10	7	5	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
01/17/2002	UNSUBSTANTIATED
01/31/2002	UNSUBSTANTIATED
09/11/2002	UNSUBSTANTIATED
09/12/2002	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT